

<input type="checkbox"/> Notice of Filing <input type="checkbox"/> Cross Appeal <input type="checkbox"/> Interlocutory Appeal <input type="checkbox"/> Additional NOA <input type="checkbox"/> Amended NOA <input type="checkbox"/> Transmittal of Record <input type="checkbox"/> Transmittal of Certif. <input type="checkbox"/> Supplement to ROA <input type="checkbox"/> Supplemental Certif. <input type="checkbox"/> Other _____ _____	UNITED STATES DISTRICT COURT for the _____ DISTRICT OF _____ at _____ Caption:	District Court No.: _____  4CCA No.: _____  Consolidated with No.: _____  Case Manager: _____
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**Part I**

Notice of appeal is enclosed to all parties (except to appellant in civil cases); NOA, docket entries, district court opinion and order, and magistrate judge's recommendation (if applicable) are enclosed to 4CCA.

1. NOA filed:	4. Fees _____USA no fee required \$5 filing fee:                   _____paid       _____unpaid \$450 docket fee:               _____paid       _____unpaid Pauper status: _____granted_____denied_____pending in dist.ct. Does PLRA Apply? _____Yes _____No   3-strikes? _____Yes _____No [If PLRA applies, 4CCA sends forms & acts on application]
2. Amended NOA filed:	
3. District Judge:	5. Materials Under Seal in District Court: _____Yes _____No  Party Names Under Seal in District Court: _____Yes _____No
6. Official Ct. Reporter(s):	7. Transcript
Contract Court Reporter:	In-Court Hearing Held: _____Yes _____No
Coordinator:	8. Criminal/Prisoner Cases  _____recalcitrant witness               Defendant's Address: _____on death row _____in custody _____on bond _____on probation

**Part II**

## TRANSMITTAL OF RECORD TO COURT OF APPEALS

ORIGINAL RECORD  Pleadings: Vols. _____  Transcript: Vols. _____  Exhibits: Vols. _____  Depositions: Vols. _____  State Ct. Record: Vols. _____  Sealed: Vols. _____  No. of Boxes: _____	SUPPLEMENT TO RECORD - SUPPLEMENT # _____  Pleadings: Vols. _____  Transcript: Vols. _____  Exhibits: Vols. _____  Depositions: Vols. _____  State Ct. Record: Vols. _____  Sealed: Vols. _____  No. of Boxes: _____
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Deputy Clerk: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_